HAZARDOUS WASTE SITE INVESTIGATION
Solvents Recovery Service of New Jersey
1200 Sylvan Street
Linden, New Jersey

December 12, 1979

Participating Personnel:

Environmental Protection Agency
Randy Braun, Physical Scientist
Frank Coyle, Laboratory Technician
Joseph Chabak, Boat Captain
Solvents Recovery Service of New Jersey
Carleton H. Boll, President
James R. Hulm, Vice President

Report Prepared By:

Randy Braun
Surveillance Section

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New Jersey
1200 Sylvan Street
Linden, New Jersey
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BACKGROUND

Solvents Recovery Service of New Jersey came to EPA's attention through the Eckhardt report. The Eckhardtreport stated that this facility accepted 7,300 tons of chemical waste from 1950 to 1979.

The facility was inspected on December 12, 1979 by Randy Braun, Physical Scientist, Frank Coyle and Joe Chabak, of the Surveillance and Analysis Division. Facility representatives interviewed included James R. Hulm, Vice President, and Carleton H. Boll, Pres.

NATURE OF MATERIALS DISPOSED OF AT THE SITE

Solvents Recovery Service of New Jersey is not a chemical waste disposal site. The Eckhardt report figures stating the firm accepted 7,300 tons of chemical waste from 1950 to 1979 are low. The facility is a reprocessing facility, not an ultimate disposal facility. The facility accepts various spent solvents, in either drums or tank trucks, and refines them back into resaleable products. The sludge from the refining processes are high enough in BTU value, according to Mr. Boll, to be sold as fuel to industries such as the cement industry.

The drumed solvents on the site appeared to be stored properly with no leakage observed.

The facility does not ultimately dispose of any waste by landfill, incineration or lagooning on site.

DESCRIPTION OF SITE

A site plan is appended as Figure 1. The facility owns approximately ten acres most of which is developed.

No liquid pools, spills, or surface runoff were observed.

No photographs were taken of the facility.

The facility is in a highly industrial, urban area. The number of residents and workers that could be exposed to the solvents is high.

HAZARD ASSESSMENT

The subject facility reprocesses mineral spirits, toluene, xylene, ketones, and methanol. The smell of solvent downwind in the immediate vicinity of the plant is strong. There may be a health hazard risk to local residents and workers in the immediate vicinity of the plant from the solvent vapors.

The possibility exists for ground water pollution and surface water contamination especially from spillage. The facility has had a history of spills (November 1974 - 400 gallon spillage of xylol, April 1975 - chemical spillage of unknown amount, May 1975 - 100 gallon spillage of solvent). The facility was fined by EPA on September 25, 1978 for failure to prepare an SPCC Plan.

This facility has various air pollution permits and a NPDES permit. The NPDES permit is associated with steam condensate, hot well discharges, wash water and floor drainage via Discharge 001 and storm water runoff via Discharge 002. A NPDES survey conducted in July 1978 found the facility in non-compliance with the permit's only enforceable limitation (pH) and with the failure to submit required reports on time.

Based upon the site investigation, this facility should receive a low priority designation.

EPA

POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT

REGION: II | SITE NUMBER (To be assigned): NJD000002500

GENERAL INSTRUCTIONS: Complete Sections I and III through XV of this form as completely as possible. Then use the information on this form to develop a Tentative Disposition (*Section II*). File this form in its entirety in the regional Hazardous Waste Log File. Be sure to include all appropriate Supplemental Reports in the file. Submit a copy of the forms to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Tack Force (*EN-335*); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME: SOLVENTS RECOVERY SERVICE OF N.J.

B. STREET (*or other identifier*): 1200 SYLVAN STREET

C. CITY: LINDEN

D. STATE: N.J.

E. ZIP CODE:

F. COUNTY NAME:

G. SITE OPERATOR INFORMATION

1. NAME: SAME AS ABOVE

2. TELEPHONE NUMBER:

3. STREET:

4. CITY:

5. STATE:

6. ZIP CODE:

H. REALTY OWNER INFORMATION (*if different from operator of site*)

1. NAME: SAME AS ABOVE

2. TELEPHONE NUMBER:

3. CITY:

4. STATE:

5. ZIP CODE:

I. SITE DESCRIPTION: A 10 ACRE SOLVENT REPROCESSING OPERATION

J. TYPE OF OWNERSHIP

☐ 1. FEDERAL ☐ 2. STATE ☐ 3. COUNTY ☐ 4. MUNICIPAL ☒ 5. PRIVATE

II. TENTATIVE DISPOSITION (*complete this section last*)

A. ESTIMATE DATE OF TENTATIVE DISPOSITION (*mo., day, & yr.*):

B. APPARENT SERIOUSNESS OF PROBLEM

☐ 1. HIGH ☒ 2. MEDIUM ☒ 3. LOW ☐ 4. NONE

C. PREPARER INFORMATION

1. NAME: RANDY BRAUN

2. TELEPHONE NUMBER: 321-6692

3. DATE (*mo., day, & yr.*): 12/14/79

III. INSPECTION INFORMATION

A. PRINCIPAL INSPECTOR INFORMATION

1. NAME: RANDY BRAUN

2. TITLE: PHYSICAL SCIENTIST

3. ORGANIZATION: S&A Division, EPA, REGION II

4. TELEPHONE NO. (*area code & no.*): 321-6692

B. INSPECTION PARTICIPANTS

1. NAME	2. ORGANIZATION	3. TELEPHONE NO.
JOE CHABAK	U SEPA	321-6696
FRANK COYLE	U SEPA	321-6696

C. SITE REPRESENTATIVES INTERVIEWED (*corporate officials, workers, residents*)

1. NAME	2. TITLE & TELEPHONE NO.	3. ADDRESS
CARLETON H. BULL	PRESIDENT	SOL. REC. SER. OF N.J., LINDEN
JAMES R. HULM	VICE PRESIDENT	SOL. REC. SER. OF N.J., LINDEN

Continued From Front

III. INSPECTION INFORMATION (continued)

D. GENERATOR INFORMATION (sources of waste)

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE GENERATED
The subject facility accepts solvents from a number of industries for reprocessing. The solvents are reprocessed and sold back to the same industries and other industries.			

E. TRANSPORTER/HAULER INFORMATION

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE TRANSPORTED
The sludge from the reprocessing is sold as fuel because of its high BTU value. No waste is stored for ultimate disposal in drums, lagoons, or landfilled at the site.			

F. IF WASTE IS PROCESSED ON SITE AND ALSO SHIPPED TO OTHER SITES, IDENTIFY OFF-SITE FACILITIES USED FOR DISPOSAL.

1. NAME	2. TELEPHONE NO.	3. ADDRESS

G. DATE OF INSPECTION (mo., day, & yr.)	H. TIME OF INSPECTION	I. ACCESS GAINED BY: (credentials must be shown in all cases)
12/12/79	9:30 AM	☒ 1. PERMISSION ☐ 2. WARRANT

J. WEATHER (describe)
Sunny - Cool - 45°F

IV. SAMPLING INFORMATION

A. Mark 'X' for the types of samples taken and indicate where they have been sent e.g., regional lab, other EPA lab, contractor, etc. and estimate when the results will be available.

1. SAMPLE TYPE	2. SAMPLE TAKEN (mark 'X')	3. SAMPLE SENT TO:	4. DATE RESULTS AVAILABLE
a. GROUNDWATER			
b. SURFACE WATER		NONE COLLECTED	
c. WASTE			
d. AIR			
e. RUNOFF			
f. SPILL			
g. SOIL			
h. VEGETATION			
i. OTHER (specify)			

B. FIELD MEASUREMENTS TAKEN (e.g., radioactivity, explosivity, PH, etc.)

1. TYPE	2. LOCATION OF MEASUREMENTS	3. RESULTS
	NONE TAKEN	

Continue On Page 3

Continued From Page 2

IV. SAMPLING INFORMATION (continued)

C. PHOTOS

1. TYPE OF PHOTOS: ☐ a. GROUND ☐ b. AERIAL — NO PHOTOS WERE TAKEN

2. PHOTOS IN CUSTODY OF:

D. SITE MAPPED?

☐ YES. SPECIFY LOCATION OF MAPS: NO

E. COORDINATES

1. LATITUDE (deg.-min.-sec.)

2. LONGITUDE (deg.-min.-sec.)

V. SITE INFORMATION

A. SITE STATUS

☒ 1. ACTIVE (Those inductrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)

☐ 2. INACTIVE (Those sites which no longer receive wastes.)

☐ 3. OTHER (specify): _____ (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)

B. IS GENERATOR ON SITE?

☒ 1. NO ☐ 2. YES (specify generator's four-digit SIC Code): _____

C. AREA OF SITE (in acres): 10

D. ARE THERE BUILDINGS ON THE SITE?

☐ 1. NO ☒ 2. YES (specify):

VI. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

X	A. TRANSPORTER	X	B. STORER	X	C. TREATER	X	D. DISPOSER
	1. RAIL		1. PILE		1. FILTRATION		1. LANDFILL
	2. SHIP		2. SURFACE IMPOUNDMENT		2. INCINERATION		2. LANDFARM
	3. BARGE		3. DRUMS		3. VOLUME REDUCTION		3. OPEN DUMP
	4. TRUCK		4. TANK, ABOVE GROUND	X	4. RECYCLING/RECOVERY		4. SURFACE IMPOUNDMENT
	5. PIPELINE		5. TANK, BELOW GROUND		5. CHEM./PHYS./TREATMENT		5. MIDNIGHT DUMPING
	6. OTHER (specify):		6. OTHER (specify):		6. BIOLOGICAL TREATMENT		6. INCINERATION
					7. WASTE OIL REPROCESSING		7. UNDERGROUND INJECTION
				X	8. SOLVENT RECOVERY		8. OTHER (specify):
					9. OTHER (specify):		

E. SUPPLEMENTAL REPORTS: If the site falls within any of the categories listed below, Supplemental Reports must be completed. Indicate which Supplemental Reports you have filled out and attached to this for..

☐ 1. STORAGE ☐ 2. INCINERATION ☐ 3. LANDFILL ☐ 4. SURFACE IMPOUNDMENT ☐ 5. DEEP WELL

☐ 6. CHEM/BIO/PHYS TREATMENT ☐ 7. LANDFARM ☐ 8. OPEN DUMP ☐ 9. TRANSPORTER ☐ 10. RECYCLOR/RECLAIMER

VII. WASTE RELATED INFORMATION

A. WASTE TYPE

☒ 1. LIQUID ☐ 2. SOLID ☒ 3. SLUDGE ☐ 4. GAS

B. WASTE CHARACTERISTICS

☒ 1. CORROSIVE ☐ 2. IGNITABLE ☐ 3. RADIOACTIVE ☒ 4. HIGHLY VOLATILE

☒ 5. TOXIC ☐ 6. REACTIVE ☐ 7. INERT ☒ 8. FLAMMABLE

☐ 9. OTHER (specify):

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

YES

Continue On Reverse

Continued From Front

VII. WASTE RELATED INFORMATION (continued)

2. Estimate the amount (*specify unit of measure*) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT: UNKNOWN	AMOUNT	AMOUNT	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
		X (1) HALOGENATED SOLVENTS			X (1) LABORATORY, PHARMACEUT.
(1) PAINT, PIGMENTS	X (1) OILY WASTES	X (2) NON-HALOGNTD. SOLVENTS	(1) ACIDS	X (1) FLYASH	(2) HOSPITAL
(2) METALS SLUDGES	(2) OTHER(*specify*):	(3) OTHER(*specify*):	(2) PICKLING LIQUORS	(2) ASBESTOS	(3) RADIOACTIVE
(3) POTW			(3) CAUSTICS	(3) MILLING/MINE TAILINGS	(4) MUNICIPAL
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMELTING WASTES	(5) OTHER(*specify*):
(8) OTHER(*specify*):			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	
			(6) CYANIDE	(6) OTHER(*specify*):	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER(*specify*):		

D. LIST SUBSTANCES OF GREATEST CONCERN WHICH ARE ON THE SITE (*place in descending order of hazard*)

1. SUBSTANCE	2. FORM (*mark 'X'*)			3. TOXICITY (*mark 'X'*)				4. CAS NUMBER	5. AMOUNT	6. UNIT
	a. SOLID	b. LIQ.	c. VAPOR	a. HIGH	b. MED.	c. LOW	d. NONE			
ALL TYPES OF SOLVENTS		X		X	X	X				

VIII. HAZARD DESCRIPTION

FIELD EVALUATION HAZARD DESCRIPTION: Place an 'X' in the box to indicate that the listed hazard exists. Describe the hazard in the space provided.

X A. HUMAN HEALTH HAZARDS

FROM THE BREATHING OF SOLVENT VAPORS

Continue On Page 5

Continued From Page 4

HAZARD DESCRIPTION (continued)

☒ B. NON-WORKER INJURY/EXPOSURE

SOLVENT ODOR IN SURROUNDING AREA.

☒ C. WORKER INJURY/EXPOSURE

WORKERS ARE EXPOSED TO DIFFERENT TYPES OF SOLVENTS.

☐ D. CONTAMINATION OF WATER SUPPLY

☐ E. CONTAMINATION OF FOOD CHAIN

☒ F. CONTAMINATION OF GROUND WATER

POSSIBLE, BUT ONLY IF SPILLS OCCUR.

☐ G. CONTAMINATION OF SURFACE WATER

Continued From Front

V. HAZARD DESCRIPTION (continued)

☐ H. DAMAGE TO FLORA/FAUNA

☐ I. FISH KILL

☒ J. CONTAMINATION OF AIR

NOTICABLE SOLVENT ODOR IN THE AIR.

☒ K. NOTICEABLE ODORS

SEE J. ABOVE

☐ L. CONTAMINATION OF SOIL

☐ M. PROPERTY DAMAGE

Continue On Page 7

Continued From Page 6

VIII. HAZARD DESCRIPTION (continued)

☐ N. FIRE OR EXPLOSION

☐ O. SPILLS/LEAKING CONTAINERS/RUNOFF/STANDING LIQUID

☐ P. SEWER, STORM DRAIN PROBLEMS

☐ Q. EROSION PROBLEMS

☐ R. INADEQUATE SECURITY

☐ S. INCOMPATIBLE WASTES

Continue On Reverse

VIII. HAZARD DESCRIPTION (continued)

☐ T. MIDNIGHT DUMPING

☐ U. OTHER (specify):

IX. POPULATION DIRECTLY AFFECTED BY SITE

A. LOCATION OF POPULATION	B. APPROX. NO. OF PEOPLE AFFECTED	C. APPROX. NO. OF PEOPLE AFFECTED WITHIN UNIT AREA	D. APPROX. NO. OF BUILDINGS AFFECTED	E. DISTANCE TO SITE (specify units)
1. IN RESIDENTIAL AREAS	THE FACILITY IS IN A HIGHLY URBAN			
2. IN COMMERCIAL OR INDUSTRIAL AREAS	AREA AND THE NUMBER OF PEOPLE			
3. IN PUBLICLY TRAVELLED AREAS	EXPOSED TO THE ODORS IS HIGH.			
4. PUBLIC USE AREAS (parks, schools, etc.)				

X. WATER AND HYDROLOGICAL DATA

A. DEPTH TO GROUNDWATER (specify unit)	B. DIRECTION OF FLOW	C. GROUNDWATER USE IN VICINITY
UNKNOWN		
D. POTENTIAL YIELD OF AQUIFER	E. DISTANCE TO DRINKING WATER SUPPLY (specify unit of measure)	F. DIRECTION TO DRINKING WATER SUPPLY
—		

G. TYPE OF DRINKING WATER SUPPLY

☐ 1. NON-COMMUNITY < 15 CONNECTIONS ☒ 2. COMMUNITY (specify town): > 15 CONNECTIONS _____

☐ 3. SURFACE WATER ☐ 4. WELL

Continue On Page 9

Continued From Page 8

X. WATER AND HYDROLOGICAL DATA (continued)

H. LIST ALL DRINKING WATER WELLS WITHIN A 1/4 MILE RADIUS OF SITE

1. WELL	2. DEPTH (specify unit)	3. LOCATION (proximity to population/buildings)	4. NON-COMMUNITY (mark 'X')	5. COMMUNITY (mark 'X')
		NONE		

I. RECEIVING WATER

1. NAME: N.A.

☐ 2. SEWERS ☐ 3. STREAMS/RIVERS ☐ 4. LAKES/RESERVOIRS ☐ 5. OTHER (specify):

6. SPECIFY USE AND CLASSIFICATION OF RECEIVING WATERS

XI. SOIL AND VEGITATION DATA

LOCATION OF SITE IS IN:

☐ A. KNOWN FAULT ZONE ☐ B. KARST ZONE ☒ C. 100 YEAR FLOOD PLAIN ☐ D. WETLAND

☐ E. A REGULATED FLOODWAY ☐ F. CRITICAL HABITAT ☐ G. RECHARGE ZONE OR SOLE SOURCE AQUIFER

XII. TYPE OF GEOLOGICAL MATERIAL OBSERVED

Mark 'X' to indicate the type(s) of geological material observed and specify where necessary, the component parts.

'X'	A. OVERBURDEN	'X'	B. BEDROCK (specify below)	'X'	C. OTHER (specify below)
	1. SAND				
	2. CLAY				
	3. GRAVEL				

XIII. SOIL PERMEABILITY

☒ A. UNKNOWN ☐ B. VERY HIGH (100,000 to 1000 cm/sec.) ☐ C. HIGH (1000 to 10 cm/sec.)

☐ D. MODERATE (10 to .1 cm/sec.) ☐ E. LOW (.1 to .001 cm/sec.) ☐ F. VERY LOW (.001 to .00001 cm/sec.)

G. RECHARGE AREA

☐ 1. YES ☐ 2. NO 3. COMMENTS:

H. DISCHARGE AREA

☐ 1. YES ☐ 2. NO 3. COMMENTS:

I. SLOPE

1. ESTIMATE % OF SLOPE | 2. SPECIFY DIRECTION OF SLOPE, CONDITION OF SLOPE, ETC.

J. OTHER GEOLOGICAL DATA

Continue On Reverse

Continued From Front

XIV. PERMIT INFORMATION

List all applicable permits held by the site and provide the related information.

A. PERMIT TYPE (e.g., RCRA, State, NPDES, etc.)	B. ISSUING AGENCY	C. PERMIT NUMBER	D. DATE ISSUED (mo., day, & yr.)	E. EXPIRATION DATE (mo., day, & yr.)	F. IN COMPLIANCE (mark 'X') 1. YES	2. NO	3. UNKNOWN
NPDES	EPA	NJ 000 2224	1/31/77	1/31/82			X
STATE OF N.J.							
AIR POLL. PERMIT	NJDEP						X

XV. PAST REGULATORY OR ENFORCEMENT ACTIONS

☐ NONE ☐ YES (summarize in this space)

NOTE: Based on the information in Sections III through XV, fill out the Tentative Disposition (Section II) information on the first page of this form.